## State of California **Secretary of State**



S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations) FEES (Filing and Disclosure): \$25.00. If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME PASSIN FOODS INC. 780 LAKEFIELD ROAD, SUITE C WESTLAKE VILLAGE, CA 91361

**FILED** Secretary of State State of California NOV 2 4 2014

2. CALIFORNIA CORPORATE NUMBER

| C3631112  | IN P Th                  | is Space for Filing Use Only |
|---|--------------------------|------------------------------|
| No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)  |                          |                              |
| If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.  If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17. |                          |                              |
| Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)  |                          |                              |
| 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE   | CITY                     | STATE ZIP CODE               |
| 780 LAKEFIELD ROAD, SUITE C   | WESTLAKE VILLAGE         | CA 91361                     |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 780 LAKEFIELD ROAD, SUITE C  | CITY<br>WESTLAKE VILLAGE | STATE ZIP CODE  CA 91361     |
| 6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4   | City                     | STATE ZIP CODE               |
| as to   |                          |                              |

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific

officer may be added; however, the preprinted titles on this form must not be altered.) CHIEF EXECUTIVE OFFICER/ **ADDRESS** ZIP CODE STEVEN PAPERNO 780 LAKEFIELD ROAD SUITE C WESTLAKE VILLAGE CA 91361 SECRETARY **ADDRESS** CITY STATE ZIP CODE DAVID GOLDSTEIN 780 LAKEFIELD ROAD SUITE C WESTLAKE VILLAGE CA 91361 CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE CLIFF SINGER 780 LAKEFIELD ROAD SUITE C WESTLAKE VILLAGE CA 91361 Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.) ADDRESS CITY STATE ZIP CODE 10 NAME STEVEN PAPERNO 780 LAKEFIELD ROAD, SUITE C WESTLAKE VILLAGE CA 91361 ZIP CODE 11. NAME **ADDRESS** CITY STATE DAVID GOLDSTEIN 780 LAKEFIELD ROAD, SUITE C WESTLAKE VILLAGE CA 91361 ZIP CODE 12. NAME **ADDRESS** CITY STATE **CLIFF SINGER** 780 LAKEFIELD ROAD, SUITE C WESTLAKE VILLAGE CA 91361 13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank. 14. NAME OF AGENT FOR SERVICE OF PROCESS STEVEN PAPERNO 15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE 91361 780 LAKEFIELD ROAD, SUITE C WESTLAKE VILLAGE CA

Type of Business

SI-200 (REV 01/2013)

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION FRANCHISING

BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT. HSBROW anero

61CO ZOIL bar mare TYPE/PRINT NAME OF PERSON COMPLETING FORM

APPROVED BY SECRETARY OF STATE

SIGNATURE